

TRANSMITTAL FORM

Attorney Docket No.	LIN-001
Confirmation No.	3452
Application Number	10/597,590
Filing Date	July 31, 2006
First Named Inventor	Ira Sanders
Group Art Unit	3772
Examiner Name	Victoria J. Hicks
Patent No.	Not yet assigned
Issue Date	Not yet assigned

ENCLOSURES (check all that apply)

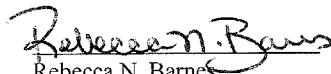
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Request for Certificate of Correction
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Non-Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> After Allowance	<input type="checkbox"/> Transmittal of Replacement Drawing(s)	<input type="checkbox"/> Certificate of Correction
<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Replacement Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration for Utility or Design Patent Application	<input type="checkbox"/> Appeal Brief
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Executed Power of Attorney to Prosecute Patent Applications Before the USPTO with Copy of Executed Assignment Document	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
		<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below)</i>

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

SIGNATURE BLOCK

Respectfully submitted,


 Rebecca N. Barnes
 Attorney for the Applicant(s)
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600